

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR  
999000507

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Weslock ☐ ☐ ☐ ☐ Code No.  
Pick up Address: 13844 S. MAIN ST. L.A.  
(Number) (Street) (City)  
Telephone Number: (213) 327-2770 P.O. or Contract No.:  
Order Placed By: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Process \_\_\_\_\_  
which Produced Wastes: ☐ ☐ ☐ ☐ ☐ ☐  
(Examples: metal plating, equipment cleaning, oil drilling—Code No.  
wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	8. <input type="checkbox"/> Tank bottom sediment
2. <input type="checkbox"/> Alkaline solution	9. <input type="checkbox"/> Oil
3. <input type="checkbox"/> Pesticides	10. <input type="checkbox"/> Drilling mud
4. <input type="checkbox"/> Paint sludge	11. <input type="checkbox"/> Contaminated soil and sand
5. <input type="checkbox"/> Solvent	12. <input type="checkbox"/> Gummy waste
6. <input type="checkbox"/> Tetraethyl lead sludge	13. <input type="checkbox"/> Water waste
7. <input type="checkbox"/> Chemical toilet wastes	14. <input type="checkbox"/> Mud and water
	15. <input type="checkbox"/> Brine

☐ Other (Specify) \_\_\_\_\_ ☐ ☐ ☐ ☐ Code No.

Components:  
(Examples: Hydrochloric acid, lime, caustic soda,  
phenolics, solvents (list), metals (list),  
organics (list), cyanide)

	Upper	Concentration: Lower	t	ppm
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:  
pH \_\_\_\_\_ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
Bulk Volume: \_\_\_\_\_ ☐ gal ☐ tons ☐ barrels ☐ other (specify) \_\_\_\_\_  
(42 gal)  
Containers: \_\_\_\_\_ (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify) \_\_\_\_\_  
Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) \_\_\_\_\_  
Special Handling Instructions (if any): \_\_\_\_\_

The waste is described to the best of my ability and it was delivered to  
a licensed liquid waste hauler (if applicable)  
I certify (or declare) under penalty  
of perjury that the foregoing is true  
and correct.  
Cesar A. Rodante  
Signature of authorized agent and title

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping ☐ ☐ ☐ ☐ Code No.  
Business Address: P.O. Box 59389 L.A. Calif 90059  
(Number) (Street) (City)  
Telephone Number: 757-1855 Pick Up: \_\_\_\_\_ (Date) Time: \_\_\_\_\_

State Liquid Waste Hauler's Registration No. (if applicable): \_\_\_\_\_  
Job No.: 01390 No. of Loads or Trips: 1 Unit No.: 1  
Vehicle: ☒ vacuum truck ☐ LC barrels, ☐ flushed, ☐ other (specify) \_\_\_\_\_  
The described waste was hauled by me to the disposal  
facility named below and was accepted.  
I certify (or declare) under penalty  
of perjury that the foregoing is true  
and correct.  
[Signature]  
Signature of authorized agent and title

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): [Signature] ☐ ☐ ☐ ☐ Code No.  
Site Address: \_\_\_\_\_

The hauler above delivered the described waste to this disposal facility and  
it was an acceptable material under the terms of RMOCB requirements, State  
Department of Health regulations and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):  
☐ recovery  
☐ treatment (specify): \_\_\_\_\_  
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well  
☐ other (specify): \_\_\_\_\_ Code No.

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 5/3/70

I certify (or declare) under penalty  
of perjury that the foregoing is true  
and correct.  
[Signature]  
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the  
State Department of Health with monthly fee reports.

No 66

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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